

JUN 30 2004

OFFICIAL

Attorney Docket No. VPI/98-19 US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Lauffer, et al.  
ASSIGNEE: Vertex Pharmaceuticals Incorporated  
SERIAL NUMBER: 10/039,898 EXAMINER: V. Balasubramanian  
FILING DATE: January 3, 2002 ART UNIT: 1624  
CONF. NO.: 8724  
FOR: CYCLIZED AMINO ACID DERIVATIVES

June 30, 2004  
Cambridge, Massachusetts

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

## PETITION FOR EXTENSION OF TIME

Pursuant to 37 C.F.R. § 1.136(a)(3), applicants hereby petition for a three month extension of time to respond to the Office Action March 30, 2004. With the extension, a response is due on or before June 30, 2004.

The Commissioner is authorized to charge the requisite fee of \$950.00 that is due under 37 C.F.R. § 1.17(a)(3) to Deposit Account No. 50-0725. A duplicate copy of this Petition is enclosed herewith.

Respectfully submitted,

  
Nandakumar Govindaswamy

Limited Recognition

Attorney for Applicants

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07/21/2004 6DUCKETT 00000010 500725 10039898

01 FC:1253 950.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/039 892

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	22	20
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	* 2
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

6/30/4

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 8	Minus ** 22	=
Independent	* 1	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	36.
X84=	
+280=	280
TOTAL	1056

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	